



Indiana First Steps

Assessment Team Manual Part 1

*Part 1 includes policies and procedures from Referral to the Eligibility Determination meeting. All other prior practices remain in effect.



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Overview of Assessment Teams

In order to maximize resources in the First Steps system, it is imperative that procedures be in place to support the intent of the early intervention program while building in safeguards to promote quality and fiscal responsibility. While no single individual can ensure quality on his or her own, it is felt that the System Point Of Entry (SPOE) use of Assessment Teams, formerly known as, Eligibility Determination (ED) Teams provides a good foundation in promoting both quality and fiscal accountability while maintaining a family centered system of early intervention. In addition, the determination of eligibility and need for the First Steps program will be conducted uniformly across the state. Finally, the use of informed clinical opinion will be used accurately and appropriately across the state.

The 2011 Part C rules and regulations clarify that “the term initial assessment refers to the assessment of the child and the family assessments that are conducted prior to the child’s first IFSP meeting.” Whereas the “the term initial evaluation refers to the evaluation of a child that is used to determine his or her initial eligibility under Part C of the Act.”¹ The Assessment Team provides an important component to a comprehensive, multidisciplinary, evaluation of a child however; no single procedure or individual may be used to determine a child’s eligibility for the First Steps program. Due to these Federal rules/ regulations and to clarify the Team’s role in the evaluation process, the Eligibility Determination (ED) Teams will now be referred to as Assessment Teams.

In 2011, Assessment Team services were moved under the responsibility of the SPOEs. The SPOE has responsibility for the intake and eligibility process, and may utilize Assessment Team members to assist with Individualized Family Service Plan (IFSP) Team decisions. Ongoing providers and their Agencies continue to develop short term goals and strategies which are fluid and change throughout the IFSP span. The providers and Agencies are to work with the Assessment Teams to raise recommendations in the delivery of service. The Assessment Teams will collaborate with the ongoing Service Coordinator (SC) and the ongoing provider team members in any proposed changes to the IFSP.

Part C, IDEA (Individuals with Disabilities Education Act) clearly states each child, birth through two years of age, referred to a SPOE shall have a timely, comprehensive, multidisciplinary evaluation, including assessment activities related to the child and the child’s family. The multidisciplinary team must include the family, SC, and persons involved in the assessment (at least, 2 different disciplines). Evaluation and assessment activities must be conducted by personnel trained to utilize appropriate methods and procedures and include a review of pertinent records related to the child’s current health status and medical history. The evaluation must include the assessment of the child’s level of functioning in each of the following developmental areas: Cognitive development, Physical Development including vision and hearing, Communication development, Social or emotional development and Adaptive development.

The concept of Assessment Teams is designed to enhance the process by ensuring that a multidisciplinary team, including the parent, is used when determining eligibility, a need for service, and during the IFSP development. The SPOE fosters the communication between its Assessment Teams and the Intake coordinator throughout the process.

¹ Federal Register/Vol. 76, No. 188/Evaluation of the child and assessment of the child and family 34 § 303.321(a)(2)(i)(iii)

Annually the SPOE, using a multidisciplinary team, must determine continued eligibility and need for services. If eligible, the team also supports the development of a new IFSP.

The local SPOE oversees the enrollment, supervision/monitoring and credentialing of Assessment team members. Enrollment of Assessment team members is based on the programmatic needs of the Cluster.

Qualifications for Assessment Team Members

- Specialist entry level personnel qualifications for First Steps
- Significant, quality experience with pediatric population
- Significant, quality experience within First Steps is preferred
- Employed/Contracted with local SPOE
- Approval from the State
- Provider must attend 2-day assessment training. Additional trainings and workgroup activity may be required to ensure that all team members are consistent and that the desired outcomes are met.
- An Assessment Team member cannot provide ongoing services in any area of the cluster where Assessment Team participation occurs. In addition, if a service provider is enrolled as an ongoing therapist, the provider may not conduct Assessment Team evaluations in any area of the cluster where the provider or the provider's agency is delivering ongoing services. Any exception to this rule must receive prior approval in writing from the Bureau of Child Development Services (BCDS).

The Roles and Responsibilities of Assessment Team Members:

Each member of an Assessment Team has the legal and ethical responsibility to provide early intervention services in accordance to the rules and regulations governing First Steps in Indiana, meeting not only the letter but spirit of the law, through the delivery of exemplary service and best practice. To meet this goal, services are to be delivered using a family centered approach; respecting the individuality of each family and child and ensuring that procedures are implemented to accurately assess a child's development as it may relate to eligibility and the need for services within the First Steps system.

Overall: To use a multidisciplinary, family centered approach to assessment, evaluation, eligibility, and IFSP development that employs best practice.

Team Member Responsibilities:

- Capturing a complete picture of the child's developmental status across five domains, including strengths of the child and the priorities of the family. The state approved tool is the Assessment, Evaluation, and Programming System (AEPS).
- Collaborate with the multidisciplinary team to support determining eligibility for the First Steps program and the need for services, as defined by State policy.
- Collect existing information about the child and family, conduct assessment activities necessary to plan for and develop the initial IFSP.
- Participating in the development of the initial IFSP, in accordance with state and federal regulations employing best practices.

- Assuring that changes to the IFSP, including increase or decrease in frequency/duration, addition or termination of services, and service location changes are based on the developmental needs of the child and priorities of the family.

Assessment Team Procedures

In order to support the intake and assessment process, the following general procedures have been established. While these procedures describe the overall process, there may be times when methods to implement these procedures vary from one SPOE area to another to accommodate special needs. However, it is expected that the overall experience for a family in one area will be similar to a family's experience in another area. To establish consistency across the state, the Assessment, Evaluation, and Programming System (AEPS) was adopted to assess children's present levels and support the eligibility determination for all children entering the First Steps Early Intervention System.

To best conceptualize the intake/assessment process this manual is presented in the same order as how a child and family experience the First Steps system beginning with referral through to the eligibility determination meeting.

Referral

The SPOE serves as the central point for initial referral and assessment and ensures that all children have equal access to the First Steps system. The SPOE is responsible for responding to each referral and for providing families with information and resources.

Anyone can refer a child to First Steps. When a referral is made to the SPOE, a SPOE staff member requests basic demographic information about the child and family, the reason and/or concern prompting the referral, and information about the referral source. This information is documented on the [Referral Form](#). If the referral is provided by someone other than the parent, the SPOE has 2 business days to initiate contact with the parent to discuss the referral and the First Steps program, and schedule the intake meeting. Intake meetings are to be scheduled at times and locations convenient to families.

When the Intake Coordinator makes initial contact with the parent, information about First Steps is provided including the process (eligibility determination, assessment, and IFSP development) and the family's rights, opportunities, and responsibilities. The Intake Coordinator also explains to the family what information will be needed from them to complete the intake process including cost participation information.

When a child aged 30 months or older is referred to First Steps, specific guidelines need to be followed. See [Attachment A](#) for more detail.

Intake

At the initial face-to-face appointment, the Intake Coordinator informs the family of their rights (Procedural Safeguards) both verbally and in writing. The "[Families Always Have Rights](#)" brochure is used as a tool for the Intake Coordinator to inform families about their rights. A full copy of the family rights procedure must also be provided to the parent. To continue the process, the family is invited to sign a [Consent Form](#) to proceed with the assessment, evaluation activities to support eligibility determination and the need for First Steps services. The family is also invited to sign [Reciprocal](#)

[Consent Forms](#) to obtain any existing information and to communicate with multidisciplinary team members. The Intake Coordinator also explains the eligibility determination process, the assessment, and initial IFSP development process noting that it must be completed within 45 calendar days from the day the child was referred. In addition, the Intake Coordinator should emphasize to the family that program eligibility will not be determined at the Assessment Team meeting.

If the family gives consent to proceed, the Intake Coordinator completes the [First Steps Enrollment Form](#). This form documents the child's developmental milestones and basic social and medical history. This information is given to the Assessment Team to plan their assessment activities for each child prior to the scheduled assessment date and time. At this time, Cost Participation is also discussed with the family. Private Medical Insurance consent is signed and the Intake Coordinator collects financial information and medical deduction information to determine if the family will have a Co-pay. The Intake Coordinator also sends a [Physician's Health Summary form](#) (PHS) to the child's physician to obtain information that is necessary for eligibility.

The Intake Coordinator also collects additional pertinent information from the family including their priorities, concerns and questions. Typically, this is called the "Family Assessment." The family assessment identifies the resources, priorities, and concerns and the supports and services necessary to enhance a family's capacity to meet the developmental needs of the infant or toddler with a disability. The requirements of the family assessment include:

- Voluntary on the parent of each family member participating in the assessment,
- Be based on information obtained through an assessment tool and also through an interview with those family member who elect to participate in the assessment, and
- Include the family's description of its resources, priorities, and concerns related to enhancing the child's development

Process for Scheduling Assessment Team Meeting

Based on the information collected from the Intake meeting, the SPOE selects the two most appropriate disciplines to participate in the evaluation and assessment process. The Assessment Team members are recommended based upon the presenting needs of the child and questions, concerns and priorities of the family. The disciplines are not to be recommended based on availability. Each SPOE is responsible for having *complete* Assessment Teams available within its Service Areas. The Intake Coordinator works within the SPOE policy to schedule the appropriate Assessment Team members.

The SPOE will initiate contact with the family within two (2) business days following Intake to arrange the Assessment Team appointment. Assessment times must be convenient for the family and appropriate for the child. When scheduling the appointment, the Intake Coordinator should ensure that the parent is available to participate in the assessment, providing an overview of the parent's role.

The SPOE will also have procedures in place so the Intake Coordinator is informed of the assessment date and therefore, can schedule the Eligibility Determination and IFSP meetings. When scheduling the eligibility and/or IFSP meeting, the Intake Coordinator must provide the parent with a 10 day prior, written notice. If an ongoing Service Coordinator (SC) will be conducting the IFSP

meeting, the ongoing SC must be informed, prepared, and meet all of the requirements similar to the requirements of the Intake coordinator.

Requirements for Scheduling Assessment Meeting

- Only two ED team members may be sent out for an assessment at a time.
- To use a physician as a member of the multidisciplinary team and as a second discipline for an evaluation, see [Attachment B](#) for specific requirements in completing a physician-documented high probability (medical) assessment. The broad requirements include:
 - A child must have a physician-documented diagnosis of a physical or mental condition that has a high probability of resulting in a developmental delay,
 - The Physician is required to:
 - Document on diagnosis
 - Comment on the impact of the diagnosis as it is related to the child's development and/or the present level of the child
 - Comments must be "functional" in nature – as we are a developmental program
 - Physician must sign documentation
 - A complete First Steps assessment is required to determine present levels and a need for service. If the documentation is present and it's in the best interest of the family/child, only one Assessment Team member needs to provide a full AEPS assessment.
- For children 9 months and younger, ONLY related staff (PT, OT, ST, etc) can provide an initial assessment. Developmental Therapists are no longer permitted to provide an assessment for children 9 months of age and younger. For children younger than 9 month, the AEPS does not provide raw scores for all areas of development. Due to this, the assessment should not only focus on the child's skill set but also the *quality* of their skills. Due to specialized training, related staff are able to identify whether the quality of a child's skills are impacting development. When raw scores are unable to be determined, Informed Clinical Opinion (ICO) may be used documenting that a child has a delay that meets the eligibility definition. Specific information about ICO is included in [Attachment C](#).
- The AEPs must be completed for all initial assessments of children younger than 30 months of age. State policy should be followed for children older than 30 months (See [Attachment A](#) for specific guidelines).
- When a physician's consent is required for a specific therapist/discipline to conduct an assessment, it is the responsibility of the SPOE to obtain the information and/or provide staff with specific procedures.

Assessment Process

The information collected at the intake meeting shall be provided to the Assessment Team members. Reviewing this documentation will help prepare the Assessment Team to answer the family's questions and to address their concerns in a thoughtful manner. The SPOE will have procedures in place to disseminate the information to appropriate Assessment Team members. Assessment Team members will have all appropriate information in a timely manner.

Intake information provided to the Assessment Team prior to the assessment includes:

- Enrollment Form with additional Social History
- General Health History
- Concerns and priorities of the family
- Referral Form
- Permission to Evaluate/Proceed
- Reciprocal Consent
- Contact information and address of family
- Any other existing information about the child's developmental and medical status
- Disciplines recommended to participate in the assessment.

Assessment Procedural Safeguard Guidelines

- When a child is referred to First Steps, the entire intake, assessment, and IFSP planning meeting must be completed within 45 days from referral date.
- The assessment activity must be comprehensive and multidisciplinary, using the state adopted assessment tool (AEPS).
- Parent attendance, involvement and parent report are a required component of the assessment and evaluation.
- Assessment and evaluation procedures and materials utilized must be selected and administered so as not to be racially or culturally discriminatory and must be conducted in a nondiscriminatory manner.
- Assessment activities must be administered in the native language of the child and parent. As described under Part C IDEA Federal Regulations, native language is defined as the mode of communication normally used by an individual. If clearly it's not feasible to use the family's native language, justification and description of communication used must be provided.
- No single procedure may be used as the sole criterion for determining a child's eligibility for early intervention services².
- The assessment must be conducted in the least intrusive manner for the family and, if feasible, in the natural environment. If natural environment was not used, justification should be noted in the [Multidisciplinary Assessment report](#). The justification should be related to the family/child and not due to a systems issue. Assessments occurring outside of the natural environment should occur infrequently, with family-focused justification, and families should not view it as a barrier to receiving services. These non-natural environment assessments need to be monitored and approved by the SPOE.

AEPS Overview

The AEPS (Assessment, Evaluation & Programming System) has been formally adopted by the state of Indiana as an eligibility determination assessment tool. All five developmental domains (cognitive, physical, communication, social-emotional, and adaptive) that are used to assess a child's development as it may related to eligibility are addressed by this criterion referenced, curriculum based assessment tool. This assessment tool allows for parent report so the family becomes an

² 470 IAC 3.1-8-4 Nondiscrimination in evaluation and assessment

integral part of the Assessment Team. It should also be noted that, while the AEPS scores gross and fine motor separately, they cannot be used as separate domains for eligibility as both fall under the ‘physical’ domain.

The state has adopted the Assessment, Evaluation, and Programming System (AEPS) as the initial assessment tool to be used with all children referred to First Steps. The five developmental domains assessed include:

- Cognitive development,
- Physical development, including vision and hearing,
- Social Communication development,
- Social Emotional development, and
- Adaptive development.

Initial Assessment Team Meeting

During the initial assessment meeting, the Assessment Team should provide an explanation of First Steps services may address the developmental needs of the child and education of the family. Emphasis should be provided on how First Steps differ from medical services and that one does not replace the other. An explanation of the family’s role in supporting services should also be introduced. All team members should emphasize the requirement for active involvement of the family during the individual sessions. It should also be re-emphasized to the family that eligibility for the First Steps program will not be determined at the initial assessment meeting.

The Initial Assessment must:

- Be conducted by personnel trained to utilize appropriate methods and procedures, including approved AEPS training
- Be family-centered
- Focus on supports to enhance the development of the child
- Be multidisciplinary and follow state guidelines
- Focus on the strengths, concerns and priorities of the family.
- Result in a standard document that will provide a multidisciplinary report
- Be conducted in the family’s native language
- Involve a variety of procedures and include family input

When conducting an assessment using the AEPS, the Assessment Team must reference and utilize the Child Observation Data Recording Form (CODRF) of the AEPS. This form must be utilized to accurately assess the child’s development and determine a standard deviation. Results from the CODRF are to be recorded on the Child Progress Record (Arrow Form). The Arrow form and the Multidisciplinary Assessment Report will be sent to the family by the IC/SC.

Assessment Team members may not conduct initial individual assessments separate from the team unless, after the initial multidisciplinary assessment, eligibility remains in question or a new concern is identified, which warrants a separate or new assessment.

Eligibility cannot be determined:

If after the initial multidisciplinary assessment, eligibility remains in question; the team may request an additional assessment to be completed. When this situation occurs, the following procedures apply:

- The Intake Coordinator shall make a referral to the appropriate discipline on the Assessment Team, providing all prior intake and assessment information,
- The Assessment Team provider should complete an assessment designed to better assess the child's level of function in the developmental area of concern. The team member is not required to complete the AEPS,
- The Assessment Team provider must complete an assessment report for the team, including the parent,
- The assessment must be completed and the eligibility and IFSP meeting conducted within the 45 day required timeline

New concern is identified:

In instances where eligibility can be determined based on the initial assessment, however, additional concerns were identified during the assessment or at the IFSP meeting; the team should discuss the need for additional strategies to support the newly identified concern. When this occurs, the following procedures apply:

- The team shall provide the family with educational information regarding the area of concern, including immediate activities and strategies that may be utilized.
- Team members shall discuss and include strategies into the IFSP to support the area of concern. Strategies should include parent support and education as well as service strategies.
- If the IFSP team members are unable to satisfactorily address the new area of concern, the team may include an authorization within the initial IFSP, for an additional assessment.
- When an assessment by an individual discipline is needed, the assessment activity should be written into the first quarter activities and provided within 30 days of the IFSP meeting.
- Once the assessment is completed, the report should be reviewed and discussed by the IFSP team. The team should identify potential strategies to support the child and family that may be implemented immediately by the team, including the family.
- If additional supports or services are warranted, the IFSP team should discuss immediate actions and strategies that current providers could provide to address the new area of concern. The team may also discuss additional services or supports for the child and family.

Multidisciplinary Assessment Report

All members of the Assessment Team conducting the initial assessment are to complete the [Multidisciplinary Assessment report](#). Each domain of development must be examined and include a description of the skill set in the narrative section and the AEPS Raw Score. The report should also reflect additional information and skills beyond those tested with the AEPS. The Multidisciplinary Assessment Report is designed to document the child's current level of performance as well as additional information used for eligibility and IFSP development.

- The parent's signature is required (Definition of Parent in [Attachment D](#)) to verify the Face to Face time for the initial assessment activities and the parents' participation in the initial

assessment. (They are not signing to agree or disagree with the report or to indicate they have seen the final report).

- If the child is eligible through medical diagnosis, the Assessment Team must identify a need for First Steps services and there must be signed documentation from the physician verifying the medical diagnosis. The Physician's signature needs to be included on the Physician's Health Summary Form (PHS).
- The Multidisciplinary Assessment report may be completed while working with the family and child and/or after leaving the family.
- The Assessment Team is required to leave a [Family Summary](#) report. The report must include what the child is currently doing and immediate strategies that the family can implement to advance skills. The form should be completed by the Assessment Team members and reviewed with the family prior to leaving the family's home.
- The Assessment Team should inform the family that they will receive the Multidisciplinary Assessment report and the Arrow Form in the mail from the Intake Coordinator/SPOE prior to the Eligibility Determination/IFSP meeting. Sufficient time should be given for the parent to review the report with other family members and to formulate any questions/concerns that they may have.
- Within two (2) business days from the initial assessment meeting with the family, the Multidisciplinary Assessment report form must be completed, signed by assigned Assessment Team members, and returned to the SPOE or to the Intake Coordinator per SPOE policy.
- The SC verifies that all documentation/ information are present to discuss eligibility determination with the parent at the Eligibility Determination meeting. If there does not appear to be sufficient evidence to support the eligibility for the program and a need for service, the SC will offer to the family an eligibility meeting to review the assessment and evaluation and to determine if additional information should be collected. Families may decline the eligibility meeting regardless of potential eligibility status.

Initial Assessment Billing for Assessment Team

The SPOE may only submit billing for time not to exceed the current State policy (See [Attachment E](#) for specific billing details). The SPOE may authorize each of its Assessment Team members involved in the initial multi-disciplinary face-to-face assessment conducted with the family for the amount of face-to-face time spent with the family up to 90 minutes, plus a maximum of 15 minutes for time spent in preparation and debriefing. It is essential that Assessment Team members document the activity and amount of time spent for each individual child and note the time on the Multidisciplinary Assessment report. Any assessment completed beyond the initial assessment will not receive additional time for preparation or debriefing.

Eligibility Criteria

Eligibility criterion for First Steps is clearly defined in State legislation, rule and policy. In order for a child to be considered eligible to participate in the First Steps Early Intervention System, the SPOE must be able to document how the child meets the state's eligibility criteria and how the child demonstrates a need for services.

The *developmental needs of the child* determine the need for early intervention services, not simply the presence of a medical diagnosis. Furthermore, a need should be based on the present levels of the child and not the *potential* for a delay in the future.

Indiana's First Steps³ Program has defined eligibility into two categories:

1. *Physical or Medical Condition with a High probability of Developmental Delay:* Children birth through two years of age (up to 36 months) shall be considered eligible to receive early intervention services if they have a diagnosed physical condition or mental condition which have a high probability of resulting in a developmental delay. The following are the diagnosed physical or mental conditions that have a high probability of resulting in developmental delay:

- (1) Chromosomal abnormalities or genetic disorder
- (2) Neurological disorder
- (3) Congenital malformation
- (4) Sensory impairment, including vision and hearing
- (5) Severe toxic exposure-including pre-natal exposure
- (6) Neurological abnormality in the newborn period
- (7) Low birth weight of less than or equal to one thousand five hundred (1,500) grams

Eligibility in this category must be substantiated by written documentation by a medical physician and be documented on the Physicians Health Summary Form (PHS) or other medical documentation, as appropriate. The SPOE must verify that the appropriate documentation is present, that the condition fits into one of the categories listed above, and that the condition has a high probability of resulting in a developmental delay. A diagnosis not relating to an above category or that does not have a high probability of resulting in a developmental delay will not apply toward eligibility.

As stated previously, children eligible by medical diagnosis must still demonstrate a “**need**” for early intervention services prior to the receipt of on-going services. For children who have a medical diagnosis but are not in need of services, the family must still receive information on their rights, their child's current developmental level, community support/services, and how to contact the system should they have further concerns or the child's status changes.

2. *Developmental Delay:* Children from birth through two years of age (up to 36 months) shall be considered to receive early intervention services if they are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: (1) Cognitive development, (2) Physical development, including vision and hearing (3) Communication development (4) Social or emotional development, (5) Adaptive development.

³ 470 IAC 3.1-7 eligibility

When using assessments to measures to determine eligibility, a developmental delay is defined as:

- (1) a delay in one (1) or more areas of development as determined by
 - (a) two (2) standard deviations below the mean; or
 - (b) twenty-five percent (25%) or more in function below the chronological age (adjusted for prematurity, if applicable) on an assessment instrument that yields scores in months, **or**
- (2) a delay in two (2) or more areas of development as determined by:
 - (a) one and a half (1½) standard deviations below the mean; or
 - (b) twenty percent (20%) or more in function below the chronological age (adjusted for prematurity, if applicable) on an assessment instrument that yields scores in months,

How to determine a developmental delay:

A. Use of a standardized, criterion referenced assessment tool: In Indiana, the AEPS is used to assist with eligibility. It gives results in Standard Deviations so a child will have to display a 2 Standard Deviation in one area of development or 1 ½ Standard Deviations in 2 or more areas of development according to the AEPS.

- When selecting an assessment tool other than the AEPS, State guidelines must be used. See [Attachment F](#) for State Guidelines for Selecting an Appropriate Assessment tool.

B. Use of Informed Clinical Opinion (ICO): “Informed clinical opinion makes use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention” (Shackelford, 2002)⁴. In Indiana, eligibility may be determined using informed clinical opinion when the standardized assessments or criterion referenced measures are not appropriate because of a child’s age or disability. In no event may informed clinical opinion be used to negate the results of evaluation instruments used to establish eligibility.

ICO is a collective agreement within the multidisciplinary team (including the parent). It is not an individual decision that the child has a developmental delay meeting the states eligibility definition. When using informed clinical opinion to determine a delay in development, it must be justified with direct observation data and rationale to the delay, support eligibility and the need for service, including, at the minimum:

- A complete developmental history as currently reported by the parent or primary caregiver
- A review of pertinent records related to the child’s current health status and medical history.
- At least one other assessment procedure to document delayed development such as observational assessment (AEPS) or planned observation of the child’s

⁴ Shackelford (2002). Informed Clinical Opinion. Retrieved January 12, 2012 from <http://www.nectac.org/~pdfs/pubs/nnotes10.pdf>

behaviors and parent-child interaction or documentation of developmental delay by use of a non-standardized assessment devices such as developmental checklists (IAC 3.1-7-1).

To confirm eligibility using ICO, the multidisciplinary team along with the parent and SC must review any assessment information including health documents and determine that the child has a delay meeting eligibility guidelines. All pertinent team members must participate in this discussion during the Eligibility and IFSP meetings. This participation can be through various physical and electronic means.

In addition, the ICO documentation must be clearly present in the [Eligibility Determination Statement](#) and in the [Documentation of ICO form](#). This is submitted to the SPOE to verify that the documentation supports the use of ICO.

Documentation Required to Support Eligibility:

The multidisciplinary team **MUST** provide documentation to support eligibility. The results of the overall child assessment, together with the results of the family assessment, are the basis for determining if early intervention services are needed. Below are a list of required documentation to support program eligibility and a child's need for services:

- Personal observations of the child
- Developmental and medical history
- Parent report
- Results from the assessment of the child
 - Identification of the child's unique strengths and needs in each of the developmental areas
- Results from the assessment of the family
 - Identification of the resources, priorities, and concerns of the family

Outcomes of Multidisciplinary Evaluation

Eligibility must be clearly documented. Each child must be identified as having either documented developmental delay or a medical diagnosis/condition that has a high probability of resulting in developmental delay AND present a *need* for service. Indiana uses a common [Eligibility Determination Statement](#). Eligibility determination will result in one of the three findings below:

- Child is eligibility and in need of services. Proceed to the development of an IFSP.
- Child is eligible, but not in need of services. The family will receive information on their rights, child's current developmental level, community support/services, and how to contact the system should they have further concerns or the child's status changes.
- Child is not eligible. The family receives information on their rights, the child's current developmental level, community support/services, and how to contact the system should they have further concerns or the child's status changes.

When discussing the outcome of a multidisciplinary evaluation, it is crucial to emphasize to family's that their child is demonstrating a need for early intervention services and not just indicating that their child is eligible for services. Furthermore, Assessment Team members are not determining eligibility for discipline-specific services. For example, if a child is demonstrating delays in his/her gross motor skills, this child may be in

need of early intervention services. It would be incorrect to say that this child is eligible for PT services. Early intervention services should be authorized based on the development of the child and the need of “skilled intervention” to address concerns.

Eligibility Determination Meeting

In Indiana, the Eligibility Determination and IFSP meeting typically occur at the same meeting. However, it is critically important to understand that these are two distinct and separate processes. In addition, it is required by law that the Eligibility Determination meeting occurs prior to the IFSP meeting. The single contact for both meetings occurs out of respect for the family’s time and to best utilize resources. The intent of the first meeting is to summarize the findings of the initial assessment and to formally establish the child’s eligibility. A basic agenda for the eligibility meeting includes;

- Explain the purpose of the meeting
- Discussion of procedural safeguards and insure that the family understands their rights and responsibilities
- Review of entire Multidisciplinary Assessment Report including present levels and outcome of assessment
- Establish an open dialogue with parents about questions/concerns regarding the assessment activities and assessment outcome
- Contact information for Assessment Team members will be provided to the family for specific questions that cannot be answered by SC.
- Eligibility is discussed – is the child eligible? How is the child eligible? Is the child in need of First Steps services?

Important Discussion Points during Eligibility Determination Meeting:

- If parent agrees with the results from the multidisciplinary assessment, the parent is required to sign the Eligibility Determination Statement Form before the start of the IFSP meeting
- When discussing eligibility, it is critical to emphasize that children are demonstrating a need for early intervention services and not just indicating they are eligible of the program.
- When discussing services, emphasis should be given on how First Steps services address the developmental needs of the child and education of the family and how First Steps services differ from Medical services and that one does not replace the other.
- An explanation of the family’s role in supporting services should also be introduced. All team members should emphasize the requirement for active involvement of the family, in the individual home visits.

Attachment A – 30+ month Referrals/Evaluations

- When a child is referred to First Steps at 30-33 months, it should be explained to families that there may not be time for meaningful ongoing services in Part C. Immediate notice and coordination with Part B personnel is required on the part of the SC. Proceed with a First Steps evaluation, and if eligible, convene with an Eligibility/Initial IFSP/Transition Meeting.
- When a child is referred to First Steps at 33 months of age or older, the SC should explain the Part C timeline to parents and that an evaluation is an option but sufficient time is not available for the delivery of ongoing services to have a substantial impact on the child's progress. The 30 month LEA referral is completed and if family is interested in the assessment, the results are immediately forwarded to the LEA for follow-up.
- When a child is referred to First Steps 45 days or less from their 3rd birthday, the SC should explain to the family that the Part C timeline does not allow for the completion of the evaluation and discuss immediate referral to Part B.
- In any scenario, a parent may choose a direct referral to the school rather than pursuing eligibility determination through the First Steps system. In this instance a Record Closure form is completed noting that the family chose not to participate in First Steps. There is no requirement for a transition meeting and the school will identify the parent as the referral source in the CODA data rather than a First Steps referral.

Attachment B – Multidisciplinary- Physician Documented Medical Evaluations

Below are required components of a multidisciplinary- Physician Documented Medical evaluation which includes the physician's as a member of the Assessment team and the multidisciplinary team.

- If a child is has a physician-documented diagnosis of *a physical or mental condition that has a high probability of resulting in a developmental delay*, the child's medical records/diagnosis may be used to establish eligibility.
- Eligibility criteria must be referenced prior to making determinations, as eligibility is not automatic.
- A diagnosis that does not have a high probability of resulting in a developmental delay will not apply toward eligibility.
- Based on the family and child's needs, a SC may use the physician as a member of the multidisciplinary team to determine eligibility for the program. However, the physician is required to:
 - Document the diagnosis,
 - Comment of the impact of the diagnosis as it is related to the child's development and/or the present levels of the child, and
 - Physician must sign documentation
- The SPOE must verify that the appropriate documentation is present, that the condition fits into one of the categories listed above and that the condition has a high probability of resulting in a developmental delay.
- If the documentation indicated above is obtained, the SPOE may choose to send out one discipline to complete the AEPS and gather developmental information for the IFSP planning. Although eligibility may be established, a complete assessment must be completed to determine present levels and a need for service.
 - If the documentation is not obtained, a typical two discipline assessment should be completed. A 45-day timeline should be met regardless of the type of assessment completed. Delay due to the physician requirements is not acceptable.
- A complete assessment identifies the child's unique strengths and needs and identifies the early intervention services appropriate to meet those needs. The assessment must include:
 - A review of the results from the assessment tool
 - Observations
 - Identification of the child's needs in each developmental area
 - Family-directed assessment to identify the family's resources, priorities, and concern
- As stated previously, children eligible by medical diagnosis must still have a **"need"** for early intervention services prior to the receipt of on-going services. For children who have a medical diagnosis but are not in need of services, the family will receive information on their rights, child's current developmental level, community support/services, and how to contact the system should they have further concerns or the child's status changes.

Please note: The SPOE should consider common concerns related to the particular diagnosis so disciplines may be chosen appropriately. In addition, it should be noted that specialty providers such as Physical Therapists (PT), Occupational Therapists (OT) and Speech Therapists (ST), are required to complete individual evaluations to be able to provide First Steps ongoing services.

Physical or Medical Condition with a High probability of Developmental Delay: Children birth through two years of age (up to 36 months) shall be considered eligible to receive early intervention services if they have a diagnosed physical condition or mental condition which have a high probability of resulting in a developmental delay. The following are the diagnosed physical or mental conditions that have a high probability of resulting in developmental delay:

- Chromosomal abnormalities or genetic disorder
- Neurological disorder
- Congenital malformation
- Sensory impairment, including vision and hearing
- Severe toxic exposure-including pre-natal exposure
- Neurological abnormality in the newborn period
- Low birth weight of less than or equal to one thousand five hundred (1,500) grams

Attachment C -Documentation of Informed Clinical Opinion

1. Is the tool appropriate for the child? Circle YES / NO. If no, provide documentation why the tool was not appropriate.

2. Summarize AEPS results (present levels):

3. Summarize the skills that the child should be doing for their chronological age.

4. Write **justification** for how the child is eligible for the program by using specific factors/skills exhibited by the child and how the specific factors/skills meet the State's eligibility criteria (20% delay in two areas OR 25% delay in one area).

Attachment D – Parent Definition

470 IAC 3.1-1-21 "Parent" defined Authority: IC 12-13-2-3; IC 12-13-5-3 Affected: IC 12-17-15 Sec. 21.

(a) "Parent" means a parent, a guardian, a person acting as a parent of a child, a foster parent, or a surrogate parent who has been appointed in accordance with 470 IAC 3.1-13-5. The term does not include the state if the child is a ward of the state.

(b) The term includes the singular, as well as the plural, form of the noun.

(Division of Family Resources; 470 IAC 3.1-1-21; filed Jan 29, 1996, 5:15 p.m.: 19 IR 1330; filed Mar 15, 2001, 8:20 a.m.: 24 IR 2465; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235; readopted filed Oct 24, 2007, 11:25 a.m.: 20071121-IR-470070448RFA)

“When more than one individual seeks to act as the parent, 34 § 303.27 provides that the biological parent attempting to act as the parent is presumed to be the parent unless that person does not have legal authority to make decisions for the infant or toddler concerning early intervention service matters, or there is a judicial order or decree specifying another individual to act as the parent under part C of the Act. Thus, when the whereabouts of the biological parent are unknown (e.g., cases in which the parent is concerned about revealing his or her location due to safety concerns) or the biological parent is incarcerated, but the parent is attempting to act as the parent, the biological parent would be presumed to be the parent. However, when the whereabouts of the biological parent are unknown or the parent is incarcerated, and the biological parent is not attempting to act as the parent, an individual identified in 34 § 303.27, including the foster parent would be presumed to be the parent unless State law, regulations, or contractual obligations with a State or local entity prohibit a foster parent from acting as a parent. “

(Federal Register /Vol. 76, No. 188 /Wednesday, September 28, 2011 /Rules and Regulations, 60158)

Attachment E- Billing

Billing for *Initial* Evaluations:

General Initial Evaluation

For initial assessments and evaluations, Assessment Team billing is limited to the following:

- 90 minutes of face to face time with the child, and may include up to 15 minutes preparation/paperwork time. Total billing may **NOT** exceed 105 minutes per person for the initial evaluation and is limited to 2 Assessment Team members per evaluation, and
- For Assessment Team members not enrolled with the SPOE, the 120 minute annual review time, will not be authorized.

Attachment F – State Guidelines for Selecting an Appropriate Assessment Tool

The assessment tool must provide the most comprehensive view of a child's abilities and needs in order to support the determination of eligibility and need for early intervention services.

The following are guidelines for selecting a technically adequate and appropriate assessment tool:

- If choosing an assessment tool other than the AEPS, Assessment Team staff must:
 - Read the administration manual of the instrument and have an understanding of how the tool is used,
 - Determine if the assessment tool meets the needs of the child and provides a comprehensive view of the child's abilities and needs (considering age, culture, health, etc of the child),
 - Determine the validity and reliability of the tool
- Select assessment tools that contain
 - Age-based norms that are no more than 10 years old
 - Adequate norming sample
 - Materials and procedures that are non racial or cultural discrimination
 - Tests that are specifically designed to assess the five developmental domains (cognitive, motor, communication, social-emotional, adaptive)
 - A standard deviation and/or a percentage of delay (when determining eligibility)